

Via

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Signature X <i>Sharon Meliss</i></p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <p>B. Received by (Printed Name)</p> </div> <div style="width: 35%;"> <p>C. Date of Delivery <i>02/13/07</i></p> </div> </div> <p style="margin-top: 5px;">Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;"> </p> <p>Sharon Melissa Via 3341 Albans Lane Montgomery, AL 36111</p>	<p style="text-align: center; font-size: small;">Service type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p> </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>2:06cv531-ID (Order, Doc #15)</i></p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1160 0001 2962 1539</p>

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540